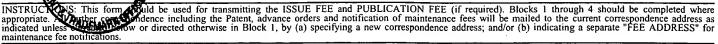
## PART B - FEE(S) TRANSMITTAL

Complete and send the form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax



CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

02/13/2004

KWWKKX,klyinikK

Thomas R. Beall Corning Incorporated SP-TI-03-1 Corning, NY 14831

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Thomas R. Beall	(Depositor's name)
Mired	(Signature)
May 11, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,750	11/16/2001	Lisa C. Chacon	ADP-131.1US	3900

TITLE OF INVENTION: GLASSES FOR FLAT PANEL DISPLAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL	FEE(S) DUE	DA	TE DUE	
nonprovisional	NO	\$1330	)	\$300	\$	1630	05/	/13/2004	
EXAM	MINER	ART UN	IT	CLASS-SUBCLASS	7				
GROUP	, KARL E	1755		501-066000	_				
. Change of correspondence CFR 1.363).	ce address or indication of "F	ee Address" (37	names of	nting on the patent front page up to 3 registered patent	attorneys or	Maurice	e M.	Klee,	_ _Ph.1
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent		2					
"Fee Address" indicat PTO/SB/47; Rev 03-02	ion (or "Fee Address" Indica or more recent) attached. Us	tion form e of a Customer	· /	or agents. If no name is liste	•	3			_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

will be printed.

## Corning Incorporated

## Corning, New York

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XXIssuc Fee	☐ A check in the amount of the fee(s) is enclosed.
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Director for Patents is requested to apply the Issue Fee	and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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